

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001482

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 199

STATE FILE NUMBER

FILED JAN 25 1962

1. PLACE OF DEATH

a. COUNTY

Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Kansas CityLength of stay in 1b
33 Yearsc. CITY
OR
TOWN Kansas CityInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Research HospitalInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
3604 Troost AvenueReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

ALLEYN

Middle

O.

Last

BAKER

4. DATE
OF
DEATH

Month

January

Day

11,

Year

1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9-24-1908

9. AGE (last birthday)

53

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired-Secretary

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Sylvia, Kansas

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Unknown

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

LeRoy E. Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Frank Rope

Kansas City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Hepatic failure

INTERVAL BETWEEN ONSET AND DEATH

48 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Metastatic carcinoma of liver

3 mos.

DUE TO (c)

Recurrent carcinoma of rt. breast

3 mos.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Cirrhosis of liver

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

10/13/60

to 1/12/62

and last saw her alive on 1/11/62

Death occurred at

8:10 PM

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

William A. Leo, M.D.

22b. ADDRESS

Kansas City, Mo.

22c. DATE SIGNED

1/12/62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE

1-15-62

23c. NAME OF CEMETERY OR CREMATORY

Calvary

23d. LOCATION (City, town, or county)

Kansas City, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Freeman Mortuary, Kansas City, Mo.

25. DATE RECD. BY LOCAL REG.

1-13-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. H. Freeman

Licensed Embalmer No. 2939
P. O. Address F. C. Mayo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.